

Section 3 – Bid Form

Failure to complete this form in its entirety may result in your Bid being deemed non-responsive.

BIDDER:

Legal Business Name _____

Other Entity Name(s) (if applicable) _____

CSLB License Number _____

DIR Public Works Contractor Number _____

Primary Contact Name _____

Primary Contact Position _____

Primary Contact Phone Number _____

Primary Contact E-mail _____

BID:

Provide your bid below: Costs below are inclusive of all materials, equipment, prevailing wage labor, warranty, taxes, parking, and all overhead costs.

1. REMOVE/REPLACE DRAINS (Per Drain Cost): _____

2. ROOF FLASHING (Square Foot Cost): _____

3. ROOF MEMBRANE REPLACEMENT (Square Foot Cost): _____

PROMPT PAYMENT DISCOUNT:

The price(s) proposed herein can be discounted by ____%, if payment is made within ____ days.

Note: Unless Prompt Payment Discount is specified above, a Net 30 will be considered.

COMPANY RESUME: (attach with Bid Form)

Submit a company resume that includes:

- Statement of Experience – Briefly describe the background and capabilities of your company.
- Key Personnel Resumes – Provide resumes of the key personnel who will be assigned to the project and onsite (Project Manager, Superintendent, Foreman, Laborer, etc.).

PROJECT SCHEDULE & WORK PLAN: (attach with Bid Form)

Submit a proposed schedule that identifies all tasks and deliverables to be performed, durations for each task, and milestones. Include a detailed summary on how your company plans to accomplish the project tasks. Identify how the issue/replacement will be resolved (including but not limited to) will secondary drains will be required.

SAFETY RECORD: (attach with Bid Form)

Submit company OSHA Form 300A and Experience Modification Rate (EMR) from 2020, 2021, and 2022.

QUALITY ASSURANCE PLAN: (attach with Bid Form)

Contractor shall provide a copy of their Quality Assurance Plan and follow their protocols for quality control inspections. Corporation will conduct audits of Contractor’s work on a periodic basis by analyzing progress against the Contractor Quality Control Plan. Contractor shall remedy any quality issues found by Corporation. Quality inspections and audits shall be based on ISO-9000.

PROPOSED MATERIALS: (attach with Bid Form)

Submit a list of proposed materials for the project. The list shall include detailed specifications, manufacturer(s), and required quantities.

TERMS AND CONDITIONS: (attach with Bid Form)

The awarded Bidder shall be subject to the terms and conditions outlined in Exhibit A – Sample Contract. Submit any proposed redlines from Exhibit A – Sample Contract.

EXCLUSIONS AND CLARIFICATIONS:

List any exclusions and/or clarifications (use additional sheets of paper as needed): _____

COMPARABLE PROJECTS: Provide four (4) comparable projects similar in size and complexity:
(use additional sheets of paper as needed)

1. Project Name: _____

Project Address: _____

Name of Company: _____

Client Contact Information: _____

Contract Award Value: \$ _____

Contract Completion Value: \$ _____

If Contract Award / Completion Are Different Values, Please Explain Why: _____

Contract Completion Date: _____

Actual Completion Date: _____

Brief Description of Agreement/Contract or Services Provided: _____

2. Project Name: _____

Project Address: _____

Name of Company: _____

Client Contact Information: _____

Contract Award Value: \$ _____

Contract Completion Value: \$ _____

If Contract Award / Completion Values Are Different, Please Explain Why: _____

Contract Completion Date: _____

Actual Completion Date: _____

Brief Description of Agreement/Contract or Services Provided: _____

3. Project Name: _____

Project Address: _____

Name of Company: _____

Client Contact Information: _____

Contract Award Value: \$ _____

Contract Completion Value: \$ _____

If Contract Award / Completion Values Are Different, Please Explain Why: _____

Contract Completion Date: _____

Actual Completion Date: _____

Brief Description of Agreement/Contract or Services Provided: _____

4. Project Name: _____

Project Address: _____

Name of Company: _____

Client Contact Information: _____

Contract Award Value: \$ _____

Contract Completion Value: \$ _____

If Contract Award / Completion Values Are Different, Please Explain Why: _____

Contract Completion Date: _____

Actual Completion Date: _____

Brief Description of Agreement/Contract or Services Provided: _____

TO: CORPORATION

The Undersigned hereby offers and agrees to furnish the goods and/or services in compliance with all terms, scope of work, conditions, specifications, and addenda in the Request for Proposal.

BIDDER QUALIFICATION STATEMENT:

The following statements of experience, personnel, and general qualifications of the Bidder are submitted with the assurance that the Corporation can rely on its accuracy and truthfulness.

ADDENDA:

The undersigned has read, understands and is fully cognizant of the Instruction, Scope of Work, Bid Form, all Exhibits thereto, and all contents of this document, together with any written addenda issued in connection with any of the above. The undersigned hereby acknowledges receipt of the following addenda: _____, _____, _____, _____ (write "none" if none). In addition, the undersigned has completely and appropriately filled out all required forms.

COMPLIANCE:

The undersigned hereby accepts all administrative requirements of the RFP and will be in compliance with such requirements. By submitting this Bid Form, the Bidder represents that: 1) the Bidder is in compliance with any applicable ethics provisions of the Corporation's RFP, and 2) if awarded a contract to provide the goods or services required in the RFP, the Bidder will comply with the Corporation's standards outlined in this RFP.

NON-COLLUSION:

The undersigned, by submission of this Bid Form, hereby declares that this Bid is made without collusion with any other person, firm, or corporation.

INSURANCES:

The undersigned further agrees that if awarded the Contract, it will submit to the Corporation any required evidence of required insurance coverage within 14 business days after acceptance of this bid.

FROM:

Respondent's Name: _____

Title: _____

Signature: _____

Business Ownership Declaration

For Statistical Purpose Only. Required by the City of San Diego.

Company Information

Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Ownership Classification

*Includes Individuals, Sole Proprietorships, Partnerships, LLC's and Corporations

Women owned Business (WBE – SWBE) – 51% ownership and active management

Minority Owned Business (MBE – SMBE) – 51% ownership and active management

Disadvantaged Business (DBE): a for-profit small business that is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged as defined in Code of Federal Regulations Title 49 part 26. In the case of a corporation, 51 percent of the stock is owned by one or more such individuals; and, whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

Disabled Veteran Business Enterprise (DVBE)

Small Business Enterprise (SBE)

Small Local Business Enterprise (SLBE)

None Apply

Certifications

Yes No Ownership Classification has been certified by a city, federal, state or private agency.

Certifying Agency: _____ Certification Date: _____

Certifying Agency: _____ Certification Date: _____

Ethnicity

*Required – select one.

African American

Asian

Caucasian

Hispanic

Filipino

Native American

Pacific Islander

Other: _____

DESIGNATION OF SUBCONTRACTORS FORM

A contractor or subcontractor shall not be qualified to quote, bid, propose on, be listed in a quote, bid, proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5 of the Labor Code.

Contractor acknowledges that this project is a public works project as set forth in Labor Code § 1720, et seq. and certifies that all workers employed in the execution of the contract will be paid the correct prevailing wages. The San Diego Convention Center Corporation has obtained from the Director of the Department of Industrial Relations, general prevailing wage determinations for the locality in which the work is to be performed. Copies of such wages are on file at SDCCC and available for inspection to any interested party upon request. The determinations are also available from the Department of Industrial Relations on the internet at <http://www.dir.ca.gov/DLSR/PWD/index.htm>.

Contractor acknowledges that certain stipulations are required to be included in the Contract by Labor Code §1720, et seq., certifies that it is knowledgeable of these requirements, and agrees to be bound by the required provisions. These include, but are not limited to, maintaining accurate payroll records, verifying and certifying payroll records, and making them available to SDCCC for inspection. Contractor shall require its subcontractors to comply with section 1776 of the Labor Code and is responsible for ensuring its subcontractors submit certified payroll records to SDCCC, weekly. Lien Releases from the Contractor and subcontractors will be required for payment of invoices.

If a worker is paid less than the prevailing wage rate owed for a calendar day or portion of a day, Contractor agrees in accordance with Labor Code § 1775 to pay the worker the difference between the prevailing wage rate and the amount actually paid. If apprentices are employed on the project, the contractor shall be responsible for ensuring compliance with Labor Code § 1777.5. The Contractor shall be responsible for any penalties levied in accordance with Labor Code § 1812 for failing to pay required overtime wages.

DESIGNATION OF SUBCONTRACTORS				
DESCRIPTION OF WORK <small>(Indicate if work includes only a portion of the quote, bid, or proposed item. If subcontractor(s) will not be used then indicate "no subcontractor".</small>	BUSINESS NAME AND ADDRESS	% OF TOTAL CONTRACT	LICENSE #	DIR #

Solicitation/RFP Title or PO # _____

Contractor Name _____ DIR# _____

Authorized Signature _____ Date _____